Office use only Psychotherapy number: Trainee ID: Submissi
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Psychotherapy Written Case submission form

To be completed by trainees submitting a Psychotherapy Written Case under the Fellowship Regulations 2012.

Please submit this	form to the RANZCP's examin	ation department: (cases@ranzcp.org
RANZCP ID			
Trainee Name			
Mobile phone*	Er	mail address*	
*Your details will be u	pdated on the RANZCP databas	e if they don't match	the existing records.
PAYMENT DETAILS	3		
	tten Case submission fee must acco Zealand candidates, please use EFt candidates.		
☐ Electronic funds tra	ansfer (EFT)	Date of transfer	
Australian EFT payments	s to:	New Zealand EFT pa	yments to:
Bank BSB Account No Account name Payment description Reference number	Westpac Banking Corporation 033178 801076 RANZCP [include surname and PsychCase]	Bank Account No Account name Payment description Reference number	Westpac NZ 03-0207-0285242-000 RANZCP [include surname and PsychCase]
Signature	□ Visa □ MasterCard wable to RANZCP)	Expiry date	
Amount\$.883.00	☐ AUS ☐ NZ	2
	ASE NOTE : This submission for		ease ensure that funds are available ice once paid. RANZCP
PSYCHOTHERAPY	CASE INFORMATION		
Number of therapy se	ssions with the subject of this Ps	ychotherapy Case [†]	
Word count		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Submission number	□First	Second	☐Third
For resubmissions (ple		☐Same patient	□New patient
		·	the minimum 40 session therapy

requirement.

Office use only	Psychotherapy number:	Trainee ID:	Submission date:
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PSYCHOTHERAPY SUPERVISOR DECLARATION

I certify that:

- I supervised the trainee's clinical care of the patient described in this case report[‡]
- I engaged in three formative psychotherapy case discussions with the trainee about the patient described in this case report during the course of the psychotherapy[§]
- to the best of my knowledge this Psychotherapy Written Case accurately reflects the presentation of the patient and the management as carried out by the trainee
- I have read the case report and to the best of my knowledge this Psychotherapy Written Case is the trainee's own work
- I have viewed related written communication (eg. discharge summaries) and confirm they are satisfactory as professional communication.

[‡]If the psychotherapy supervisor is not a psychiatrist, the RANZCP-accredited psychiatrist supervisor (who supervised the patient's clinical care) must also sign below.

§Trainees who receive an exemption from the 40 session therapy requirement due to Recognition of Prior Learning (RPL) but who do not receive RPL for the written case report are automatically exempted from the requirement to complete three formative psychotherapy case discussions.

I also confirm that the patient has signed the prescribed consent form for his/her de-identified case notes and other medical files/related material to be used as a basis for this Psychotherapy Written Case.

Psychotherapy supervisor name (print)	
RANZCP ID (if applicable)	
Signature	 Date
Position/title, organisation	
Mobile phone	
Email address	
Psychiatrist supervisor name (if applicable)	
RANZCP ID	
Signature	 Date

Office use only	Psychotherapy number:	Trainee ID:	Submission date:	
TRAINEE CHI	ECKLIST			
I have:				
proofread th	ne case report			
_ '	d the case report as appropriate (an	d completed the de-ide	entification checklist on	
page 4)	tille dase report as appropriate (an	a completed the de lac	Thinodion oncomist on	
□ included a cover page which contains the word count and de-identification disclaimer				
_	☐ attached three psychotherapy case discussion forms (if applicable)			
	oof of RPL for the 40 psychotherapy	` ,	e)	
•	cumentation showing that the CFT	` · ·	•	
	cumentation from my Director of Tr		. , , , ,	
	via telephone or videoconference (• • • • • • • • • • • • • • • • • • • •	1 7 17	
	cumentation from my Director of Tr	,	oval to conduct	
	apy sessions via videoconference (i	• • • • • • • • • • • • • • • • • • • •		
—· ·	/ current medical registration	,		
	ng documents including this form att	ached as a single pdf		
	ft copy of the project as a word doc			
☐ checked that	at the total file size of all attachment	s in email is below 25M	1B	
TRAINEE DE	CLARATION			
I hereby certify	/ that:			
	otherapy Written Case is my own in der my care and accurately reflects			
	in three formative psychotherapy ca eport with my psychotherapy super			
	dentified the case report to preservents and/or modifying other information			
ownership this Psych	o the Royal Australian and New Zea , including copyright of this Psychot otherapy Written Case or copies the h the permission of the Committee f	herapy Written Case, a ereof for any purpose o	ind undertake not to use	
for the written cas	ceive an exemption from the 40 session the se report are automatically exempted from the Proof of RPL for the 40 psychotherapy ses ritten Case.	he requirement to complete	three formative psychotherapy	
Trainee signat	ure		Date	

Office use only	Psychotherapy number:	Trainee ID:	Submission date:
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This page will be forwarded with the case report to the examiner

The following is a list of areas where de-identification is required. Tick the relevant boxes to

All data which could potentially identify the patient must be removed from the Psychotherapy Written Case. It is not sufficient to simply use a pseudonym. Locations, names of hospitals, hospital units, supervisors and dates of admission must also be modified.

indicate if de-identification has been carried out.
☐ Names of patients and their families.
☐ Names of mental health services and hospitals.
☐ Names of patient's city/town of residence.
☐ Identifying data included with X-rays, children's drawings and/or other information included with the case report.
☐ Where individually relevant, country of origin and occupation, where circumstances are so unique as to allow easy identification.
☐ Appendices or attachments, such as copies of letters and other supporting documents.
Names of RANZCP Fellows, supervisors and trainees, including the submitting trainee.
CHECKLIST
☐ Data which has been de-identified has been indicated by an asterisk (*) the first time it appears in the text.
☐ A de-identification disclaimer (and statement concerning the use of asterisks) has been included on the cover page of the case report.
Patient's pseudonym:

Psychotherapy Written Case Soft Copy Submission

When submitting your Psychotherapy Case, you are to email your submission to cases@ranzcp.org

- 1) Submit your Psychotherapy Case submission form and all other required documentation indicated in the Psychotherapy Case Submission form. This is to be one (1) PDF.
- 2) Submit only one (1) soft copy of your Case. This is to be one (1) word document.
- 3) The naming convention for each file is to follow this format:

RANZCP ID_FAMILY NAME, First Name_Forms_ date of submission.

RANZCP ID FAMILY NAME, First Name PWC date of submission.

For example

12345 KENT, Clarke Forms 11 February 2022

12345_KENT, Clarke_PWC _11 February 2022

- 4) We also ask that you check that the file size is below 25 MB prior to emailing and that attachments are compressed using appropriate software like zip to reduce the file size.
- 5) Files containing images should not be of high resolution unless required.
- **6)** The attachments should be scanned using appropriate Antivirus software.
- 7) Please include the word count on the first page of your soft copy case.
- 8) Email your submission by the latest published closing date as per the current Examination Timetable located on the RANZCP's website.
- 9) The closing time for the acceptance of submissions is 5:00pm AEST/AEDT Melbourne time. Trainees are advised not to wait until the last minute to email their submission, as should there be a queue at the closing time, your submission may not be received until after 5:00pm AEST/AEDT.